

# Oral Hygiene





**T**HE PNEUMATIC CONDENSER for gold foil, designed by George M. Hollenback, D.D.S., F.A.C.D., is now available with its own electric unit which operates without attachment to the electric engine.

With the Pneumatic Condenser gold foil is condensed to greater density in less time and with less discomfort for the patient.

The weight and speed of the blow are readily controlled and hand pressure may be exerted at the same time the blow of the Condenser is applied.

The electric unit may be added to Pneumatic Condensers now in use with the electric engine.

Pneumatic Condenser  
for the electric engine  
\$35.00

Portable Pneumatic Condenser  
with electric unit  
\$52.00

THE *Cleveland* DENTAL  
MANUFACTURING CO.  
CLEVELAND, OHIO U.S.A.

# Oral Hygiene

JULY  
1938

EDITOR  
Edward J. Ryan  
B.S., D.D.S.

ASSISTANT EDITOR  
Marcella Hurley  
B.A.

EDITOR EMERITUS  
Rea Proctor  
McGee  
D.D.S., M.D.

Mr. MacNish Clips a Coupon.....	873
<i>Francis Leo Golden, D.D.S.</i>	
A Million Posters for Dental Health..	879
Radiodontia Reaches the People.....	884
<i>Howard R. Raper, D.D.S.</i>	
I Am Not Happy About the Whole Thing .....	887
<i>Robert L. Guedel, D.D.S.</i>	
Dentistry, Tri=Another Angle.....	893
<i>W. A. Moline, D.M.D.</i>	
The Women in Dental Life.....	898
<i>Jane Vanderleest</i>	
The Colorado Service Tax.....	902
<i>Kent K. Cross, D.D.S.</i>	
Dentists in the News.....	904
Editorial Comment.....	906
Dear Oral Hygiene.....	908
Ask Oral Hygiene.....	910

Oh

EDITORIAL OFFICE: 708 Church Street, Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Avenue, Pittsburgh, Pa.; Merwin B. Massol, Publisher; W. E. Craig, D.D.S., Associate; R. C. Ketterer, Publication Manager. NEW YORK: 18 East 48th Street; Stuart M. Stanley, Eastern Manager. CHICAGO: 870 Peoples Gas Building; John J. Downes, Western Manager. ST. LOUIS: Syndicate Trust Building; A. D. McKinney, Southern Manager. SAN FRANCISCO: 155 Montgomery Street, LOS ANGELES: 318 West 9th Street; Don Harway, Pacific Coast Manager.  
Copyright, 1938, Oral Hygiene, Inc. Member Controlled Circulation Audit.

# Forhan's Advertising to the Public Stresses NEED FOR REGULAR DENTAL CARE... AND IMPORTANCE OF PATIENT COOPERATION

**SOFT, TENDER GUMS  
MEAN IT'S HIGH  
TIME  
TO ACT!**



*What the dentist  
can do for a patient  
with tender, bleed-  
ing gums is worth  
many times his fee.*

## What Dentist Can Do

At the first sign of tender, bleeding gums, see your dentist at once! He can find out the cause of the trouble and give you expert care. And probably he will advise you to massage your gums at home twice every day.

## What You Must Do

Cooperate with your dentist by starting daily gum massage now. Help him prevent gum infection. Help him keep your gums firm and healthy, your teeth bright and shining. To do this, massage gums with Forhan's.

## How Forhan's Aids Gums

Toothpaste is different. It not only cleans effectively, but

Every month Forhan's is reaching 34,132,743 readers through its advertisements like the one now being produced here . . . Telling you that dental service is important; that home cooperation is equally vital.

Forhan's advertising emphasizes the necessity for massaging gums as well as cleaning teeth.

Forhan's cleans teeth safely —helps to keep them brilliant. Massage with Forhan's stimulates the gums and helps to keep them firm and healthy.

For professional samples write to Dept. 7, Forhan Division, Zonite Products Corporation, Chrysler Building, New York City.

FORMULA OF *P. J. Forhan D.D.*

# Forhan's

THE ORIGINAL TOOTH PASTE FOR MASSAGING GUMS & CLEANING TEETH



# MR. MACNISH CLIPS A COUPON

by FRANCIS LEO GOLDEN, D.D.S.

Harmony Hollow  
Denville, New Hampshire  
April twenty-fourth

Mr. Bruch MacNish  
Bide-a-Bee Concert Bureau  
Graybar Building  
New York, New York

Dear Mr. MacNish:

Denville is simply all a-flutter at your appearance May eighth.

Think of it! The renowned virtuoso of the clarinet playing with the Denville Symphony Orchestra . . . it's almost incredible.

The program lists you in several solos by Weber, but the remainder of the selections will be all Sibelius . . . excerpts from the Kalevala (I fairly dote on the Swan of Tuonela, don't you?),

and the Fourth Symphony. Oh, it will be a ducky evening. And we are so excited, the hours seem to drag.

Have you fully recovered from your ordeal on shipboard? The newspapers reported you had four teeth extracted. Doctor Joyce, our local dentist, once removed six of mine. Because of my nervous temperament, I took gas. What did you take? Novocaine?

But I'm digressing. Your Concert Manager, Miss Deslauries, wired us you will reach Denville the morning of May eighth. We eagerly await you.

Sincerely,

MRS. PHILOMENA CUDLIPPE

*Chairlady, Symphony Committee  
Denville Woman's Club*

Hotel Rushmore  
Madison Avenue  
New York, New York  
May first

TELEGRAM  
CHICAGO, ILLINOIS  
MAY THIRD

Mrs. Philomena Cudlippe  
Chairlady, Symphony Committee  
Denville Woman's Club  
Denville, New Hampshire  
Dear Mrs. Cudlippe:

I found your billet when I reached my hotel. Not only am I delighted to play in Denville, but I also share your liking for Jan Sibelius. It is regrettable that he did not write a clarinet solo in "The Swan of Tuonela." I'd prefer it to any Weber opus.

Your concern over my health is appreciated. The American dentist on the ship was a most humane man and far more skillfull than the gent I patronized in Glasgow. But then your country is so wide-awake. Only this morning I read in your periodicals of a laboratory that makes a set of new teeth without a personal visit. And for such a wee price.

You simply mail them a card and they send you, by return post, the material and directions for taking your own impression of the mouth. My four extracted teeth were in a prominent position, and that I might appear before the music lovers of Denville with a most pleasant smile, I addressed the people in Chicago. The material should be here tomorrow.

I leave New York the evening of the seventh and arrive in Denville next morning.

With my profound respects,

BRUCE MACNISH

BRUCE MACNISH  
HOTEL RUSHMORE  
NEW YORK, NEW YORK

YOUR NIGHT LETTER ARRIVED THIS MORNING. REGRET YOU CANNOT REMOVE IMPRESSION FROM MOUTH. LABORATORY ASSISTANT MISUNDERSTOOD INSTRUCTIONS. YOU WERE SENT ARTIFICIAL STONE INSTEAD OF PLASTER OF PARIS. ALL PARTIAL IMPRESSIONS DIFFICULT OF REMOVAL BUT PLASTER WOULD HAVE BEEN MORE BRITTLE THAN ARTIFICIAL STONE. SUGGEST VISIT NEAREST DENTIST AND HAVE IMPRESSION REMOVED FORCIBLY. SEND US PIECES. IMPORTANT. TEETH BY MAIL, INC.

\* \* \*

NIGHT LETTER  
NEW YORK, NEW YORK  
MAY FOURTH

TEETH BY MAIL, INC.  
CHICAGO, ILLINOIS

NO NEW YORK DENTIST WILL TOUCH ME. HAVE BEEN DRIVEN FROM TEN OFFICES BECAUSE YOU ARE UNETHICAL THEY SAY. TREATMENT BY THEM WOULD VIOLATE CANNONS OF ORGANIZED DENTISTRY WHATEVER THE HELL THAT MEANS. HAVE NOT TASTED FOOD IN TWO DAYS AND AM DROOLING SO MUCH SALIVA ROOM RESEMBLES RIVER CLYDE. HAVE CONCERT ENGAGEMENT DENVILLE, NEW HAMPSHIRE, MAY EIGHTH. SHALL I BREAK CONTRACT OR JAW?

BRUCE MACNISH

BRU  
HOT  
NEW  
R.  
CON

INOIS

THIS  
T RE-  
OUTH.  
NDER-  
WERE  
AD OF  
L IM-  
IOVAL  
MORE  
TONE.  
T AND  
ORCI-  
TANT.  
C.

YORK

WILL  
FROM  
UN-  
T BY  
S OF  
EVER  
NOT  
O AM  
RE-  
CON-  
NEW  
LL I  
H



ARTIFICIAL STONE HAS UPPER JAW  
ALMOST PARALYZED JOURNALISTS PARKED  
ON MY DOORSTEP CAMERAS SNAPPING IN  
MY FACE EVENING PAPER CARICATURE

TELEGRAM  
CHICAGO, ILLINOIS  
MAY FOURTH

BRUCE MACNISH  
HOTEL RUSHMORE  
NEW YORK, NEW YORK

REGRET DIFFICULTY. CAN YOU  
CONVENIENTLY COME TO CHICAGO?  
TEETH BY MAIL, INC.

\* \* \*

NIGHT LETTER  
NEW YORK, NEW YORK  
MAY FIFTH

TEETH BY MAIL, INC.  
CHICAGO, ILLINOIS

DUE DENVILLE, NEW HAMPSHIRE,  
MAY EIGHTH. ARTIFICIAL STONE HAS  
UPPER JAW ALMOST PARALYZED.  
JOURNALISTS PARKED ON MY DOOR-  
STEP. CAMERAS SNAPPING IN MY FACE.  
EVENING PAPER CARICATURE SAYS  
MACNISH PLANNING AFRICAN TOUR  
IS SHAPING AND STRETCHING MOUTH  
WITH DISCS. UNABLE TO PRACTICE  
SIBELIUS PROGRAM PARTICULARLY  
THE SWAN OF TUONELA. AM CLARI-

NETIST NOT BANJOIST. WHAT IS A  
DESPERATE MAN TO DO?

BRUCE MACNISH

\* \* \*

First National Bank  
Denville, New Hampshire  
May sixth

Mr. Bruce MacNish  
Bide-a-Bee Concert Bureau  
Graybar Building  
New York, New York

Dear MacNish:

In the absence of my wife, Mrs. Philomena Cudlippe, who is now in the Mountain View Sanitarium with a nervous breakdown, due to your peculiar methods of obtaining publicity, I am hereby notifying you of the action taken by the Denville Symphony Society last night.

It was voted to cancel existing contract between our Society and you. It was also voted to forget Sibelius.

You have made Denville the laughing stock of New England.

Expressing my deep resentment,

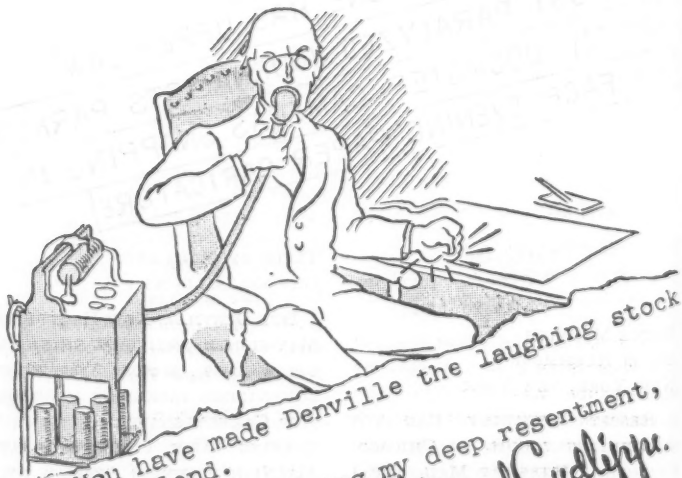
J. BALTRUSOL CUDLIPPE,  
President

\* \* \*

TELEGRAM  
NEW YORK, NEW YORK  
MAY SEVENTH

J. BALTRUSOL CUDLIPPE  
PRESIDENT, FIRST NATIONAL BANK  
DENVER, NEW HAMPSHIRE

REGRET INABILITY TO LOCATE  
BRUCE MACNISH. HE CHECKED OUT  
HOTEL RUSHMORE AND BOARDED  
STATE OF MAINE EXPRESS NINE P.M.  
GRAND CENTRAL STATION. HOTEL



You have made Denville the laughing stock  
of New England.  
Expressing my deep resentment,  
J. Baltusol Cudlippe,  
President.

July

SAYS  
DOCT  
CLAR

CHIEF  
N.Y.  
WOR

HA

DUE

DISTU

GOVER

CLAR

OFFIC

AT O

MENT

IS OT

BUT F

y, 1938  
isting  
y and  
orget

e the  
nd.  
ment,  
LIPPE,  
ident

YORK

BANK

CATE  
OUT  
RDED  
P.M.  
OTEL

July, 1938

## ORAL HYGIENE

877



SAYS HE SEEKS DENTAL TREATMENT  
DOCTOR JOYCE, DENVILLE. HE HAS  
CLARINET WITH HIM.

ANYTA DESLAURIES, *Secretary*  
*Bide-a-Bee Concert Bureau*

\* \* \*

RAILROAD DISPATCH  
EN ROUTE, NORWICH, CONN.  
MIDNIGHT, MAY SEVENTH

CHIEF OF RAILROAD POLICE  
N.Y., N.H. & H.R.R.  
WORCESTER, MASSACHUSETTS

HAVE OFFICERS WAITING No. 124  
DUE WORCESTER 2:10 A.M. SERIOUS  
DISTURBANCE. MAN CLAIMING HE IS  
GOVERNMENT OFFICIAL ASSAULTED BY  
CLARINET IN HANDS OF ANOTHER.  
OFFICIAL STARTED FRACAS LAUGHING  
AT OTHER'S JAW FILLED WITH CE-  
MENT. CEMENT BROKEN IN FIGHT. SO  
IS OTHER'S JAW. MAN CANNOT TALK  
BUT FROM PAPERS IN POCKET BELIEVE

HIS NAME IS SIBELIUS.

JOHN H. GOGGINS  
*Conductor No. 124*

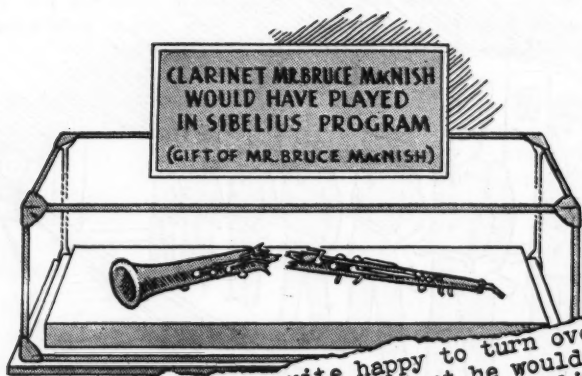
\* \* \*

WORCESTER MUSICAL EMPORIUM  
WORCESTER, MASSACHUSETTS  
MAY ELEVENTH

Mr. Bruce MacNish  
Bide-a-Bee Concert Bureau  
Graybar Building  
New York, New York

Dear Mr. MacNish:

Our expert on Clarinet repairs  
tells us he is able to make a var-  
nished splint that will be almost  
undetectable in appearance. But  
there is a serious impairment  
when notes in the upper range



Mr. MacNish is quite happy to turn over to the Denville Museum the clarinet he would have played in the Sibelius program. He believes the generous settlement of his

are blown, centering in and around D and E flat.

Shall we proceed further?

Awaiting your instructions, we are

Sincerely,

ANTHONY ACCORDINO

\* \* \*

Bide-a-Bee Concert Bureau  
Graybar Building  
New York, New York

Mrs. Philomena Cudlippe  
Mountain View Sanitarium  
Denville, New Hampshire

Dear Mrs. Cudlippe:

Thanks for the check forwarded this morning by Mr. J. Baltusrol Cudlippe. We are deducting the usual commission and transmitting the balance to Mr. Bruce MacNish.

As you so well state, it is only becoming to the dignity of your fair city that there be no litiga-

tion over Mr. MacNish's appearance. A contract is a contract, and Mr. MacNish, in all good faith, started for Denville to appear in your Sibelius program. How he could have played a clarinet with his mouth full of dental impression material is beside the point.

Mr. MacNish is quite happy to turn over to the Denville Museum the clarinet he would have played in the Sibelius program. He believes the generous settlement of his claim entitles Denville to this souvenir of a great event that did not quite come off as scheduled.

He has also instructed me to forward you a recording of a Sibelius number which he feels sure you will greatly enjoy, and which may hasten an early convalescence. It is "The Swan of Tuonela."

Sincerely,  
ANYTA DESLAURIES

Hotel Hildebrecht  
Trenton, New Jersey

# A MILLION POSTERS

## *For Dental Health*

IN A SPECIAL EXHIBIT for children designated as Youth Lane, the American Dental Association, at its Saint Louis convention in October, will display, in the Municipal Auditorium, a graphic record of what 5000 school children think about preventive dentistry. Their ideas will be presented in the form of prize winning posters, selected in local and state competitions in connection with the National Dental Health Poster Contest. This project has been sponsored by the Association during the past year at the suggestion of C. Willard Camalier, D.D.S., President of the American Dental Association. He proposed the contest to stimulate public interest in the 1938 slogan of the Association, "Dental Health for American Youth."

Nearly 500,000 posters have been submitted in this contest, which was open to all school children above the third grade. The response to this competition, which was offered as one feature of the Association's complete program for the promotion of preventive dentistry, has been most gratifying, according to Lon W. Morrey, D.D.S., chairman of the national poster contest committee. "Not long after we sent out our list of contest rules and regulations to local and state dental

associations in October, 1937," Doctor Morrey said, "committees were formed and 300 component societies located in 36 states began to cooperate with us and to interest civic groups and school children in the contest. The majority of these societies have now selected the winners in their local competitions and submitted these prize winning posters to state dental meetings where they have been judged and the best ones chosen for presentation in the national competition at Saint Louis this fall."

The activities of the dental societies throughout the country found an immediate response among school children. As soon as they heard of the poster contest, children in public, private, parochial, rural, and vocational schools began an eager search for information and suggestions. They talked to dentists and teachers. They wrote letters to city and state health departments, county and city nurses and hygienists. They discussed dental health with their parents and friends. The result was that most of the half million posters submitted give original and ingenious interpretations of one or more phases of preventive dentistry, such as proper diet, exercise for the teeth and gums,





*William P. Schoen, Jr., chairman of the Chicago Dental Health Poster Contest committee; and Lon W. Morrey, chairman of the National Poster Contest committee, and Supervisor, Bureau of Public Relations, American Dental Association.*

mouth cleanliness, and periodic dental check-ups.

These posters represent not only ideas about dental health but are a revealing cross section of the children's current interests. Fourth graders favored Snow White and the Seven Dwarfs, Donald Duck, and Charlie McCarthy over Mickey Mouse as purveyors of dental health messages. Older children showed interest in marching soldiers carrying "Dental Health" banners, and senior high school students recorded some technical knowledge of tooth structure in their cleverly executed posters.

Besides the posters submitted, Doctor Morrey estimates that as many more were prepared but not entered in the competition

because of some deficiency. This means that *nearly a million* children have been giving serious thought to preventive dentistry, to the conservation and preservation of health.

To make the contests as interesting locally as possible, poster committees were encouraged by the American Dental Association to secure the cooperation of teachers, civic groups, societies, and Parent-Teacher associations. In many cities and towns dental health rallies were arranged when it was time to select the winning posters. The posters were displayed in a building centrally located and open to the public. There was a special program of speeches, music, and dental health motion pictures. And fre-

quently banquets attended by civic leaders were given at which children received their prizes for the best posters. The winner in each local competition was given a certificate of award by the American Dental Association, and those who won in the state competitions were presented with larger certificates to which gold seals were affixed.

In addition to these certificates from the national organization each local and state dental society offered their own special prizes to the winners. These covered a wide range of tastes, including cash prizes, books, loving cups, gold and silver pins, ban-

ners, radio appearances, camping trips, and circus tickets.

Many local and state newspapers printed detailed stories of the poster contest and carried pictures of the prize winners and their posters; all of which are being collected by the American Dental Association as a record of this national contest.

Final judging of the posters will take place in Saint Louis during the national convention where all the posters that won prizes either in local or state competitions will be on display. Only those, however, that were successful in the state competitions will be eligible for the national



Winners of the first prizes in the Chicago division of the Dental Health Poster Contest, being conducted by the American Dental Association: Frank Adams, Gompers School, first prize in elementary grades; Russell Nelson, Roosevelt High School, first prize in senior high school group; and Jean Michels, Saint Gertrude's School, first prize in Junior high school group. Her picture appears also on the July ORAL HYGIENE cover.

**The American Dental Association**



Presents this Certificate of Award to

for having won \_\_\_\_\_ place, group \_\_\_\_\_ in the state finals

**National Dental Poster Contest**  
**1938**

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

American Dental Association  
*Willard Kamghir*  
*Harry B. Gurney*



*Certificate of award presented to winners in state contests.*

prizes which will be silver loving cups. Three of these cups in varying sizes are to be given as first, second, and third prizes to children in each of the five groups of schools entered—public, private, parochial, rural, and vocational schools. Besides these fifteen prizes, the American Dental Association will present to each school, represented by a first prize winner, a set of the new Encyclopaedia Britannica. A judging committee of five, headed by Doctor Thomas Parran, Surgeon General of the United States Public Health Service, Miss Katherine Lenroot, Chief of the Children's Bureau, United States Department of Labor, and Honorable James L. Feiser, vice-chairman of the American Red Cross will judge

the posters and select the national prize winners.

Indicative of the widespread coverage of this contest is the announcement that the United States Indian Service has been co-operating. Indian children have been making posters for their own local competitions. Their prize winning posters will be sent to Washington and officials of the Indian Service will decide which ones are to be submitted to the Saint Louis competition.

In speaking of the results of this contest and future plans for educating children in the problems of preventive dentistry, Doctor Morrey had this to say: "So much interest has been displayed by the teachers, the children, and the dentists that sev-

eral of the state societies and a large number of the component societies have suggested that we repeat this contest next year." Whether or not this is done will depend on the decision reached by the Board of Trustees of the American Dental Association. It

is certain, however, that even if there is not another poster contest, the Association will offer some definite plan for keeping school children interested and arousing their enthusiasm for preventive dentistry.

---

### CHARLES LANE, D.D.S.

TO HIS DENTAL colleagues throughout the country, friends, and grateful students, the sudden death at 54 of Charles Lane, D.D.S., Dean of the University of Detroit School of Dentistry, has brought deep, personal regret. Inside and outside the University he was recognized as a progressive thinker who was rapidly developing the School of Dentistry into a strong educational institution. His inquiring mind made his work as an investigator and scholar of great importance in the development of dental prosthesis for the benefit of all the profession.

A native of Canada and a graduate of the Chicago College of Dental Surgery in 1909, Doctor Lane practiced dentistry in Canada and since 1910 in Detroit, where he had offices in the Eaton Tower at the time of his death. In his active, purposeful life he found time to act as an official of the American Dental Association and of city and state dental organizations. He was also one of the editors of "The Year Book on Dentistry" and on the staff of the Harper Hospital, Detroit. Doctor Lane's candid and persuasive personality made many friends for him outside as well as within the profession; and through his wide range of interests he became known as an authority on fishing and equipment, wood carving, mountain climbing, mining and prospecting.

# RADIODONTIA REACHES THE PEOPLE

by HOWARD R. RAPER, D.D.S.

ALL DAY LONG I had been bouncing back and forth between the photographer and the engraver. It is a mighty discouraging business, this thing of trying to get good illustrations for a book. I was worn out. The day's work was over. In twenty minutes, I had an appointment to meet a friend. I went to the bar to wait for him. He had suggested that I meet him there. He is a smart man. It is easier to wait in a bar than in a lobby.

"Scotch and soda," I said to the bartender.

I sipped my highball. I commenced to feel better. I smiled at the man next to me. He had gotten to the bar quite some time ahead of me, quite.

"Did you ever see an abscess?" he asked. The question startled me, but the man did not notice my surprise and he did not wait for me to answer.

"Just a minute," he said, fishing in his pocket. He produced a dental radiograph.

"See that?" he said, pointing to a dark place at the end of the root of a tooth.

"The black spot?" I asked.

"Yes," he said. "That's an abscess."

"Humph," I said, "How about

the tooth next to it? There seems to be a black spot there, too."

"That," he answered, solemnly, "is not an abscess. You are gazing into the antrum there."

I gazed hard and tried to look impressed. There was a pause while he looked me over, then he continued, "It's the ocular foramen."

I might have asked him to make up his mind whether it was the antrum or the "ocular foramen" but I didn't. I was polite. I wanted to hear what he had to say. I continued to look impressed.

"Wait," he said, and fished into his pocket. "Here's another picture of the same—." He couldn't think of the word "region." "Another picture." He decided to let it go at that.

So help me, I now repeat his very words, and he wasn't a dentist; he was an "educated" patient.

"You see, that's the ocular foramen. You musn't take every black spot you see in a picture for an abscess. You gotta know your anatomy."

"And you oughta make two or three pictures at different angles. Then you can see, if you know what you're looking for, if you know your anatomy."



"Sounds reasonable," I said.

"I got a lot more abscesses," he bragged, "that's only one of 'em."

I thought I could sense that the story was over. There would be a lot more words, but no more story. I moved down by the pop corn. I was thinking of the days when I used to live in Indianapolis, over twenty years ago. Radiodontia

was comparatively new then and reached only a few people, but I used to think and talk of the time that was coming when virtually everybody would have radiographs of their teeth. Not many believed such talk. A dental dealer used to phone me to have lunch with him.

He would say, "I want you to

tell me about the time that is coming when dentists will have their own x-ray machines right in their own offices. I want a laugh with my lunch."

I must have believed in my predictions, or I would not have been making them, but it never ceases to surprise me when I find I have been right, and I must confess that never, in my wildest moments, had I expected that the time would come when it would be possible to step into a bar and hear a lecture on radiodontia from a layman—and a pretty good lecture at that, except for the confusion of the antrum and the "ocular foramen."

Well, evidently, a part of my life's work is finished. Radiodontia has reached the people! But only the first part of the story, the story of the discovery and the cure of advanced disease. The real arrival of the story of pre-

ventive radiodontia is yet to come.

I wonder if I am right in predicting that the time will come when both patients and dentists will make it their conscious aim to prevent toothache, pulpless teeth, and the systemic infections that develop from them. Or is it expecting too much? Barring national calamity, I do not think so. It is slow, as was the adoption of periapical radiography, but many have already reached the prevention stage and more are reaching it constantly. However, it is not to be denied, the majority still live in the abscess era.

My friend showed up shortly. He liked the story of the man with all the abscesses and knowledge of radiodontia.

"Why don't you write it for ORAL HYGIENE?" he asked.

"All right," I said, "I will."

*First National Bank Building  
Albuquerque, New Mexico*

## THE BROWNSVILLE PLAN CONSIDERED

IN AN ATTEMPT to secure adequate dental service for indigent persons, the Brownsville Plan has been developed and suggested for use in New York, according to S. H. Anderman, D.D.S., Chairman of the Clinics Committee, Kings County Dental Society, Brooklyn, New York. Basically the plan includes treatment of all children, whose parents are on relief, in available clinics free of charge; the work to be done by personnel allocated by the Department of Health and the WPA; scientific standards to be set by the Mayor's Dental Advisory Committee; and the work to be carried on under the supervision of the local organizations of dentists through consultation with and participation of the District Health Committees which exist in every health area in New York City.



# *I Am Not* HAPPY *About the* WHOLE THING

by ROBERT L. GUEDEL, D.D.S.

I READ AN ARTICLE<sup>1</sup> in ORAL HYGIENE a few months ago that made me think more than I have ever thought before. I answered<sup>2</sup> that article saying that I was spineless but had awakened.

I was graduated from the Indiana University School of Dentistry in 1918 and have been dumb up until the last few months (through no fault of the University for in my estimation it is one of the best). The general system is to blame. Although I am going to talk about Indianapolis, what I have to say will, I believe, apply to every city in the United States.

In 1918 the dental profession had only one major worry and that was the advertising dentist. We students were told that in less than five years there would be no advertisers. At that time there were about seven in this city. With all our highbrow legislation since, the number of these dentists has almost doubled. To our main worry in 1918 of too many advertisers, we have had added too many laboratories, dental technicians, laboratory bootleg-

gers, mail order bootleggers, and many more licensed advertisers. When 95 per cent of the members of our profession are ethical, why do we allow the small minority to do as they please? There must be a way to stop this—I am not happy about the whole thing. Here are my reasons:

In any dictionary you cannot find a better word than "dumb," and I apply this word to the profession as a whole, excepting the 5 per cent of bushwackers.

First we will take the new graduate. I feel sorry for any of these boys who are going out into the practice of dentistry. They are virtually blindfolded. The faculties of all universities put the students on a pedestal so high that we old timers, who have hit all the bumps, cannot give them good common sense advice when they ask for it. They really think we are dumb, but they do not realize how much worse off they are. They have had the professors tell them how they get \$200 for dentures, \$35 for gold inlays, \$50 for jacket crowns, \$5 for extractions, and so on. They do not realize that only a small percentage of the profession are able to get these fees, and that it takes more than just putting out a sign.

<sup>1</sup>Edwards, J. F.: The Case for the Dental Technicians, ORAL HYGIENE 28:35 (January) 1938.


<sup>2</sup>Guedel, R. L.: The End is Not Yet, ORAL HYGIENE 28:330 (March) 1938.

*"I feel sorry for any of the boys who are going out into the practice of dentistry. They are virtually blindfolded. The faculties put the students on a pedestal..."*



MPS

July  
The  
fair  
and  
side  
poor  
trou  
old  
the  
than  
thin  
woul  
grad  
labor  
part  
gera  
he v  
woul  
Se  
in  
pett  
about  
know  
brea  
seen  
can  
and  
dum  
he s  
woul  
doin  
his  
best  
inst  
be i  
the  
have  
T  
bers  
on  
too  
Den  
mod  
regu  
ever  
in t



These professors are drawing a fair salary from the university and have a lucrative practice besides. Why? The first time the poor graduate gets into a little trouble he sends his patient to his old professor, who extracts from the patient a much larger fee than the poor graduate could think of getting. If all professors would spend more time telling the graduate how to equip his own laboratory and do the practical part of dentistry instead of exaggerating about the enormous fees he would make, our profession would be much better off.

*Second:* The average dentist in general practice is being petty when he talks too much about his superior workmanship, knocks the other fellow's tough breaks, religion, and politics. It seems as if most of these men cannot keep their mouths shut and this gets them in bad, for the dumbest patient is not so dumb as he seems. If the average dentist would devote more of this time doing worth while dentistry, do his own laboratory work, give his best work for a reasonable price instead of continually trying to be in the upper bracket and beat the other fellow, we would soon have no more bushwackers.

*Third:* It seems that the members of our profession *must* put on a good front—in most cases too good for their own benefit. Dentists must have the latest model car, take their vacations regularly, and look prosperous even though they owe everybody in town. I tried to borrow \$25

from a finance company one time and was told, "Doc, do you know that a dentist is a poor risk?" The only thing I could say here is, if the banks and finance companies could get this important point over to the dentist's patients, we would all be better off. The dental profession leads the people to believe that the dentist *always* has plenty of money. How do *you* stand now? Check over your present status and see how good it is. If the dental profession could get back to the old time dentistry instead of worrying about keeping themselves in the high bracket, we would again very soon knock out our 5 per cent of bushwacker friends and be able to pay all our debts besides.

*Fourth:* Take your dental technicians, advertising dentists, mail order dentists, and plain dental bootleggers! I consider them the worst menace in the dental profession today. While we have been sleeping, this other bunch of chisellers has been waking up. The one pathetic part comes now. Most of these chisellers do prosthetic work equally as well and in some cases much better than the profession as a whole and I am not judging by myself alone. I have had many patients say that they have had, Pokaline, Jokaline, and the Soakline method of numbing their gums, and they had also been told about the roofless "plates." They wanted to know if I could give them something different. I gave them a shot of procaine and went ahead.

I have seen several of these mail order "plates" and to tell the truth they look fairly good.

The thing that I cannot figure out is how a few thousand men in all of this bushwacking game can make 65,000 of us dentists like it. The reason is simple: we are still sleeping. To wake yourself up I suggest that you get 25 cents worth of penny postcards, buy one of the cheaper magazines or newspapers, and answer the advertisements on mail order dentistry. I guarantee that you will get by return mail enough beeswax to last you for several months and enough paper to start your furnace fire for most of the winter. Most of us dentists do not have enough business judgment and that is why we are all squawking today.

Dental meetings, much talking, without action, will not help. If each of the 65,000 dentists would answer these mail order dental advertisements, it would change our whole set-up. You do not have to write down your own name, tell them that you live on Broadway or in the hills, that you have \$15 saved for a "purty" set of teeth. Wait for your return mail, and if your blood pressure does not go up, it should. Many of the profession should also get some good ideas on how this prosthetic work is really done and how these fellows are making profits that should be ours. I think it is time for us to crawl out of the high brackets and get down to brass tacks and make some money ourselves.

*Fifth:* If all the dental societies and officers would trip and fall off their high brackets, we would get back to the old time dentistry and make progress in a hurry. The dental societies worry more about dues and social functions than how to put dentistry on its feet. I have been a member of the dental society off and on for twenty years and, every time I drop out, it is for the same reason. The sooner we get away from this big "doctor" stuff, ninth dimensions, and so on, and give the millions of people, good average dental care that will suit their income, the sooner we will be in the bracket in which we belong—I mean all of us who are living on our dental income alone. The only things I have heard about at the last dental meetings I attended have been: nineteen point articulators that cost about \$50 and have many movements, seventeen degree centric occlusion, how to kill a lot of gold fish because we do not use the correct anesthetic, how to extend the posterior lingual borders of the lower denture to make a better fit and a lot of other bunk. If each family in the United States had an income of \$100 a week, this type of dentistry could be done, but at that it would not make the dental meetings any more interesting, practical, or instructive, neither would it benefit the profession as a whole in cash, and that is what we need.

In my own state, we have a so-called stringent dental law, but it is so full of loopholes that it

looks like a screen door. We are not allowed to advertise price, use the radio, place cuts of teeth in print, or use letters over five inches high in our signs. With all this legislation, Indianapolis is full of signs that would knock any dentist's eyes out, but they still seem to be soothing to a patient with a toothache. Stand in front of any advertising office and watch them climb the stairs. Why can price lists, cuts of teeth in beautiful colors, and other bologna be sent from one state to another by mail order houses when we as licensed ethical dentists cannot do this? I am dumb but not too dumb to know that the heads of all dental societies, who are controlling the great majority of the dental profession of the United States, are letting a small percentage of all classes of bushwackers make 65,000 dentists like it. I am a law-abiding, peace-loving citizen, but after checking over all the laws, the leaders, and using my own head, I think the best way to put the brakes on these menaces would be to use a few bricks and clubs. Naturally in our own profession, which is supposed to be at the top of all professions, we will never come to this. We will still be a dumb boastful profession when my hair is snow-white. If you will stay awake long enough to finish this, I will show you how to make some money and put these bushwackers out of business.

An article<sup>1</sup> I read in ORAL HYGIENE stated that it took the laboratory man five years to become

proficient at an expense of \$4500. I started to wonder what I would do if all the laboratories would go on a sit-down strike and make us like it. I fear we would all be like ships without sails. I have always done my own bridgework, but from now on will always do my own denture work after finding out how easy it is. The total cost of putting in my complete equipment for denture work was less than \$200. My laboratory is complete in every detail and after I have it in running order, I have only one thing to regret: I should have done it twenty years ago, but I was the same as the new graduate of today. For you dentists who are afraid to tackle this part of the work because it is dirty and takes a little time, I am telling you the truth when I say that it is the easiest part of dentistry and not unpleasant at all if you arrange your laboratory as it should be. Put in an inexpensive vulcanizer yourself and try it on a few repairs; you will find it as fascinating as golfing, skeet-shooting, or any other hobby.

My first week after not having done this work for twenty years, I ran through five repairs that cost me about 5 cents each, one full lower not counting teeth in vulcanite, that cost me about 20 cents, also two clasp partial dentures. The four clasps cost me about one dollar and took only a few minutes of my time. My total cost on both partials including teeth, clasps, and vulcanite ran about \$2.25. The laboratory bill

on these same cases would have been from \$16 to \$20. Do *you* think the laboratory men are making money and have *you* been a sucker? Figure up over a period of one year and see what you are losing, then see if you do not think the laboratory men are not organized too well already. The doctors of dental surgery are the ones who should be better organized. Another important thing at this point is the fact that instead of singing the blues, pulling your hair, and cursing your creditors when the time comes to pay, you are kept busy and your mind is always occupied.

Ending my remarks I should like to say that a baby must crawl before it walks. And that pertains to all new graduates and also to us old timers. Fellows, put in your own laboratory equipment, do your own work, make more

money and *then* get your x-ray machine or anything else you need in office equipment out of the profits of the laboratory work.

I have had my x-ray machine for about fifteen years and would not do without it but I find that, in general practice, complete laboratory equipment will cost about one-fourth as much and will make more money. I am no longer angry with any one person, especially the dental technicians, if they stay in their own places and as long as they do not try to mislead the dental profession which should have at least common sense and integrity. I still think the old time dentistry is good enough for me. I am going in now to play with my vulcanizer and will I have fun?

224 Pleasant Run Parkway  
Indianapolis, Indiana.



y, 1938  
x-ray  
e you  
out of  
work.  
chine  
would  
that,  
e lab-  
about  
will  
onger  
espe-  
ns, if  
s and  
mis-  
which  
mon  
hink  
good  
now  
and

# DENTISTRY, TRI=Another Angle

by W. A. MOLINE, D.M.D.

DID YOU EVER see a three legged stool? Were the legs all the same size? Or was one of them overdeveloped? Or, was one of them shorter than the other two? Or, was one leg missing? If so, could the stool stand upright ready to serve anyone who wished to use it?

Business has three legs to stand on. Remove one of them and the structure collapses. Skimp on construction of one of the legs and you have a weakness that may cause the whole structure to break under a heavy strain. A study of the three bases of business will reveal the reason for many failures. An intimate knowledge of their composition with application of that knowledge will spell success, regardless of the business you are in.

What then, are these three all-important legs or sides of business?

They are, first, manufacturing or buying, depending on the business; second, the distribution of the goods; third, the financial set-up, the credit side of the business.

Is dentistry a business? If so, do we have three sides to our business? Let us see.

First, consider the manufac-

turing. In the case of dentistry, that can be interpreted as *production* or the technical side.

Second, we have the selling or *distribution* side of dentistry. Let us name that phase public relations.

Third, *credit*, for which there is no other name in dentistry.

Obviously volumes can be written on each of these three sides of dentistry. Volumes have been written on the first or production side of dentistry. On the program of virtually every dental convention most attention is devoted to technique. Listen to the conversation of the small groups of men gathered here and there at the conventions and the topic that seems to concern them most is, "What material do you use?" or, "How do you do it?" Production reigns supreme!

Every dentist appreciates the value of a sound credit structure. It forms a side of dentistry's triangle equally as important as the other two.

Now then, what about distribution? Is this side of dentistry a regular and well laid out pattern? Are the angles definite, the boundaries well-defined? A clear conception seems to be lacking.

Many are not aware that this



all-important side of the triangle is incomplete. When the sides of a triangle fail to unite, there is no triangle—or any geometrical figure for that matter. It is so obvious that it sounds rather silly, doesn't it?

But, can it be that dentistry is not being distributed as it should be?

A few brazen, egotistical persons resorted to attempts at self-applause through commercial advertising. The surprising results for the few proved decidedly irksome to the many who could correctly see that if everyone were to resort to the same tactics, professional chaos would result. But do the results of the few prove that there are many persons who need just a word to influence them, just a reminder to tell them that the condition of their mouth has something to do with health?

Are people being led to realize that in dentistry another service is available to add to their happiness and health? And—are people being influenced to their own best interests?

Laws have been passed in many states to restrict advertising dentists. Those laws will eventually reach every state. But now that this type of direct producer-to-customer advertising is eliminated, what is to take place in public-dentist relationship? Are we to make other efforts to helpfully guide the public?

Under the isolationist regime to which dentists still adhere, the distribution angle or phase

of dentistry merely depends on the "come and get it" attitude of dentists. However, the distribution side of the triangle itself has several units. The actual transfer of the product from the producer to the customer, in the case of dentistry, must necessarily remain as it is. People must come to our place of business and take it away. We can't wrap it up and mail it to them, mail order dentistry notwithstanding. Even where large groups of dentists work under one roof in the clinics, people must come and get service. That phase of distribution obviously will remain the same for some little time to come. At least, there is nothing on the dental horizon at present to cause us to think otherwise.

Then there is the selling side or distribution. Every business concern (dentistry is a business), regardless of size, has its sales department. It may only be the boss himself who gets out and rustles the business, but he does it. Large industries must maintain huge sales forces to gain distribution for their produce. Much money is spent to get the best there is in salesmen. The salesmen themselves must be on their toes, so to speak, to get the business. In dentistry the dentist himself is the sales department, after the patient arrives in the office. But ah! there is the problem—to get the patient to the office!

You know or should know that once the patient has come to your office it is up to you to do your part. Nothing in the world will

"D  
cause  
velop

1938  
s on  
itude  
istri-  
itself  
ctual  
n the  
n the  
ssar-  
must  
ness  
wrap  
mail  
ling.  
den-  
the  
and  
stri-  
the  
to  
ning  
sent  
vise.  
side  
ness  
(ss),  
ales  
the  
and  
does  
min-  
dis-  
uch  
best  
les-  
neir  
usi-  
im-  
ter  
ice.  
-to  
hat  
our  
our  
will



*"Dentistry has a three legged stool precariously balanced on two legs because the leg of distribution suffers from gross malnutrition and underdevelopment—at dentistry's hands."*

take the place of "YOU" in your business. Nor will anything in the world ever hold a patient in *your* office if you can't keep him "sold." The problem of distribution in dentistry will always be twofold; first, to get the patient to your office, and second, to keep him coming there. The first depends on the cooperation of all dentists; the second depends on you. The first requires the desire for service; the second requires the giving of the service.

It is with the creation of patronage that most young men are concerned and naturally so.

And to those dentists who have a vision of improved national oral health, the increased patronage becomes imperative if this worthy objective is to be attained.

There is so much that people do not understand about dentistry. Who is going to tell them about it? The dentist? But who will reach the millions who never come to the dental office? Perhaps the government will issue bulletins some day. How will you like that? Particularly if the government also includes in the bulletin a list of dentists to whom the people can go? "Impossible" you say. Perhaps, perhaps not. We preach preventive dentistry. But how can our preventive talk become operative and beneficial if those facts must remain in their present limited channels of expression?

In seeking better distribution for produce, roads were built from farm to market. The farmer sold more; the consumer received more produce. Roads of distribu-

tion lead to happiness and better understanding between producer (dentist) and the consumer (patient).

Dentistry cannot reasonably expect to enjoy the fruits of success now present in the fields of exact technique, nor the benefits of mutual understanding in the markets of a wider clientele, unless it digs its way out of the rut of obsolescence, and proceeds on the Highway of Distribution.

A broader, more liberal interpretation must be given dentistry's purposes. Its merits must be proclaimed to all people. Its scope must be extended over a wider horizon. Dentistry must do this. Only dentistry can do it.

The first step necessarily will be to obtain the support of each dentist, moral, spiritual, and financial. This will mean to bring to the attention of every dentist the need for such a move.

Once this course is decided upon, the American Dental Association can then establish a central committee to bring all the publicity of *all* the various departments of organized dentistry under one head. Thus from this clearing house nothing can emanate that would be detrimental to our public relations policy. The public will receive through our committee only authoritative information on dental subjects. By employing men trained in publicity and public relations work we will be able to reach each group or class of people with publicity that will appeal to each group. In what vehicle? Let den-

tistry spend no time in concern over vehicles. Various kinds are available.

It is a step in the right direction to employ public relations counselors who can censor our publicity and advise on publicity matters, but what dentistry needs right now is the guiding light that will enable us to establish and carry through an effective publicity program. Cost? Not so much when prorated among all the members of the American Dental Association. No doubt many of the dentists not now belonging to the American Dental Association would be willing to join the crusade for better dentistry and better dental patients once they could see direct benefits from dues paid to the organization.

Aside from direct publicity work, other phases of the economic portion of dentistry can be woven into this comprehensive public relations program. From time to time, important questions and situations will arise, the solution or partial solution of which would be achieved only through such a program.

One definite part of this program will include a new department, which we may call a Bureau of Information, the purpose of which will be to inform dentists of association activities, and more important, what the association is going to do in the matter of publicity. Then, when that particular piece of publicity appears, every association member dentist knowing in advance what

is coming will be able to give the public an intelligent answer when the questions arise.

Nothing is quite so absurd as a publicity program about which the organization members in the field know nothing. The successful culmination of a dental publicity program demands that every dentist be an intelligent participant. It is necessary that every dentist know not only something about that program, but that he knows the same things about that program that every other dentist knows. In that way, the people will get the same story in every office. This will eliminate much bewilderment on the part of the people and clear up misunderstanding among the dentists, thereby encouraging harmony within the association.

We are so prone to let the letter of the code of ethics govern our conduct and forget the spirit of that same code. We need a shock to awaken us from a self-satisfied stupor. Our organization, like the people of which it is composed, needs a shock occasionally, too.

With the current rate of progress in economics and public relations in other fields and the lethargy prevalent in dental economics and public relations, it remains to be seen if the shock that dentistry is going to get one of these days will be cataclysmic or just revolutionary.

210 Rookery Building  
Spokane, Washington.

# THE WOMEN IN DENTAL LIFE

by JANE VANDERLEEST

THE EDITORIAL ENTITLED *Women in Dental Life*<sup>1</sup> in the April issue of *ORAL HYGIENE* brought to the fore the question of just whose fault it is that the dental assistant has not more dignity in her position. I personally feel that a good share of that blame can be laid at the feet of the assistants themselves. After all, dentists raised their position from the "chummy, shirt-sleeved" tooth plumber to that of the dignified professional men of today. They received no help in that; it was a long and difficult struggle for each one of them. Are the women in dentistry entitled, merely because of their sex, to more consideration?

In this connection I recall a sentence I once read in an article in a popular magazine. It was, "The amount of inefficiency people will tolerate in themselves is amazing." For some time, I thought about this, inasmuch as my pet theory is that the majority of us do not operate at full speed, and that the comparatively small percentage of success is due, not to a greater brain power, but is the result of putting into active use *more* of that given mental power.

Obviously the next step in my somewhat clumsy mental procedure was to take inventory in the only field with which I am familiar—that of the dental assistant. The results of my observations served to corroborate my theory. The attitude toward their work of most of the girls I interviewed can be described best by only one word—"half-hearted." To take only a few of those responses:

1. "Why should I take an interest in my job? In this work you can go just so far and no further; there's no future in it."

2. "Oh, you know how it is working for a man; he doesn't understand me at all, and as a result we clash constantly."

3. "This is just a temporary job for me. I expect to get married sometime soon, so what do I care whether things go smoothly here at the office or not?"

4. "This is too stereotyped for me—I need a chance to use my creative powers," and just as frequently, "This is such a hodge-podge; I prefer work that runs as smoothly as a well-oiled machine."

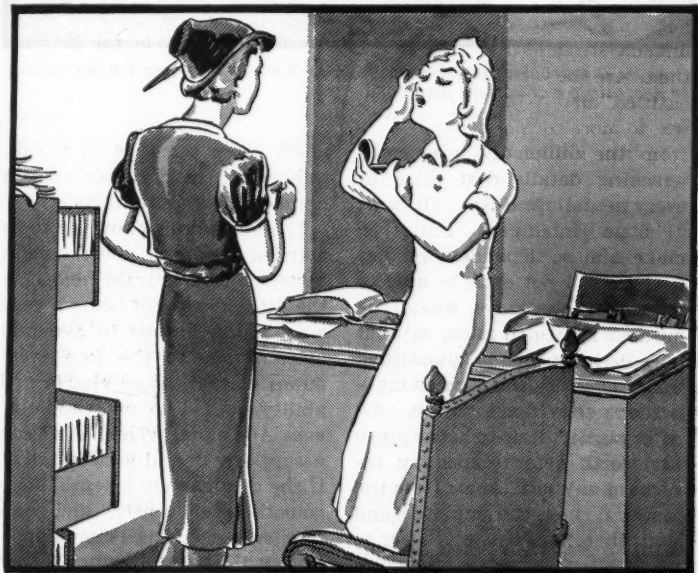
To say that a job is just what you make it, and that you get out of it just what you put into it, is

<sup>1</sup>Editorial, *The Women in Dental Life*, *ORAL HYGIENE* 28:488 (April) 1938.

trite—but nevertheless true. To that first girl I could say, and quite truthfully, that in no other field is there so much room for progress as in that of oral hygiene. She might question her dentist on just how much is known about the control of dental caries, and there lies the entire field of research before her. She could interest herself in finding out how many entire communities are completely unaware of the health and social values of dentistry and home care of the teeth; how many charitable organizations have been unsuccessful in reaching really deserving patients. And, certainly, if she

has been even half-awake, she must realize the vast amount of fear and ignorance with which the average person contemplates even the simplest dental operation. All this, and much more, represents opportunities open to her. The field, in every direction, is unlimited, not only in personal gain, but in actual service to humanity.

The second girl I interviewed obviously hadn't even been trying to make a go of it. The test of a good assistant is not merely her ability to answer the telephone and to carve a neat inlay; it is more in keeping her dentist's peace of mind intact and free



*"Oh, you know how it is working for a man; he doesn't understand me at all, and as a result we clash constantly."*





*As for the girl who feels she must express herself . . . There are possibilities in decorating a children's playroom.*

from the million and one nerve-racking details that arise in every dental office. She can, with a little intelligent initiative, make him so dependent on her that he will not even be able to remember the days when the business struggled along without her. Perhaps she is dissatisfied with the salary she is receiving—perhaps they don't "hit it off." After all, isn't it up to her to prove her worth before expecting returns of any sort? Apart from the fact that she is the employee, and that, therefore, it is up to her to make all necessary concessions, men are not adaptable creatures, while women are.

Women are much more sensitive to moods, atmosphere, and better able to handle difficult situations.

The girl who is planning to be married soon will never have a better chance to train herself in the little niceties of being a good wife. Being hostess in a dental office brings to the fore every ounce of tact, poise, charm and ability needed to put people at ease. And as one who knows, I can assure any dental assistant that if she can manage a dental office smoothly, efficiently, and economically, running a mere household will hold no terrors. Taken from another angle, she might in the future be grateful for a good

July  
posi  
som  
As  
mus  
tha  
oug  
Gre  
tall  
on  
ties  
play  
and  
be  
in  
tal  
hap  
sav  
On

Dur  
hal  
of  
act  
F  
ma  
hav  
it i  
of  
a p  
gav  
of  
I  
mo  
bef  
cre  
If  
Ge  
sta  
'Cis



position; even marriage plans sometimes go astray.

As for the girl who feels she must express herself, let me say that she can do it quite as thoroughly in a dental office as in Greenwich Village—and incidentally acquire a liberal education on the side. There are possibilities in decorating a children's playroom, in making both adult and child scrapbooks which can be either amusing or instructive, in being active in her local Dental Assistants' Association, or perhaps in inventing time or money saving gadgets for the laboratory. On the other hand, the girl who

enjoys routine can have a fine time introducing an office system and sticking to it.

I do not mean to say that anyone can be a successful dental assistant, but I do insist that the only way to find out if you can is to put your whole self into it, and to *try*. Whether you are successful or not, you will at least have the satisfaction of knowing that you made the attempt, and, in doing so, added considerably to your store of knowledge and happiness.

1500 Wealthy Street, S. E.  
Grand Rapids, Michigan

## DENTAL HEALTH LESSONS POPULAR

DURING THE SCHOOL YEAR which has just closed, three million and a half dental lessons have been given in public schoolrooms by means of the program, "The Dentist Says."<sup>1</sup> Teachers and principals have actively cooperated in this educational program.

For each of 26 weeks 5912 printed copies of the lessons have been mailed to schools in 529 communities in 25 states. In most cases these have been passed from room to room. On the most conservative basis, it is estimated that more than 7,000 rooms have been served—a total of well over 200,000 children weekly. Each child received 26 lessons—a probable total of well over 5,000,000 lessons. Very often the children gave the lessons themselves as mimic broadcasts, the most effective of all ways of teaching.

In one city where the lessons have been used for three years, 3500 more children turned in good dental health cards last year than ever before, with no change in the dental set-up. Dental Societies, in increasing number, are putting this program into local school systems. If you would like information about "The Dentist Says" send Doctor George Wood Clapp, 220 West 42nd Street, New York City, a 5 cent stamp for school literature.

<sup>1</sup>Clapp, G. W.: The Dentist Says, ORAL HYGIENE 27:1500 (November) 1937.

# THE COLORADO SERVICE TAX

by KENT K. CROSS, D.D.S.

"BERGEN'S BRAZEN Blockhead Scores Again" . . . "The wooden-headed comedian is claiming \$348 tax exemption for personal repairs during the tax year." Such are the newspaper reports. Can he get away with the exemption? In Colorado we are wondering how.

Effective May 14, 1937, in Colorado, a 2 per cent tax was placed on virtually all personal services—legal, medical, hospital, dental, optical, beauty and barber shop, clothes cleaning, shoe repairing, mortuary, and on real estate commissions. There were a few exceptions such as work done by house maids.

The Legislative Committee of the Colorado Dental Association, headed by Doctor Ira C. Brownlie, protested to the legislature, during the time the bill was pending. The legislators listened, but both houses passed the bill, and it went up to Governor Teller Ammons for his signature. In the meantime, the various professional and service groups, including the medical and dental associations, protested. Thousands signed petitions which were circulated among patients and customers of those soon to become tax collectors. In the large office building

lobbies, these petitions were presented to everyone entering.

Doctor Brownlie and with him a delegation of nurses in uniform waited on the Governor. They carried a large placard labeled "Veto Service Tax," and the petition with thousands of names. Smiling her best, one of the nurses asked the Governor to sign—the petition. He smiled, saying he was not signing petitions. Later, he signed—the bill.

The tax was protested on the ground that, much as the *sales* tax worked a hardship on the people's purchase of food, clothing, and other comforts of life, this *service* tax would be intolerable; that the lower income group could not pay for health services — *unbudgeted extras* — much less a 2 per cent tax for paying us.

After this bill became a law and all evaders were threatened with prosecution, we were faced with the problem of how much of dentistry was *sales* (supplies) and how much *service*, and how to prevent double taxation—first, on our laboratory and supply house needs, and second, on our services. We had already been paying a supply sales tax.

The tax commissioner agreed

to allow dentists 15 per cent for sales and 85 per cent for services. So, on each \$100 collected, \$15 is counted, sales, and \$85, services. We thus make two monthly reports, and pay a \$2.50 annual fee for a sales tax license. Of the \$15 we are allowed 5 per cent for collecting, and of the \$85 we keep 3 per cent for our trouble. On a \$400 a month practice (if and when) \$60 would be considered sales, tax \$1.20 (less .06) and \$340, service, tax \$6.80 (less .20). So, gauge your age-grade-wage-scale, and estimate what you would pay, and get, for collecting and making your report. None has admitted having no tax to remit. That would indeed be embarrassing. At least the collector's commission pays postage on remittance. And, we now pay no sales tax to supply houses.

Almost immediately after the passage of the act, The Service Repeal League was organized, each member paying \$1. It made little headway; it fizzled out. Now, The Committee of the Whole is circulating petitions. Two dentists, Doctors R. P. Wildes and Guy Smith are the members of this Committee. The Denver

Dental Association's Legislative Committee, with Doctors Charles Watson, Walter Chapman and Ira Brownlie, are pushing the signing of petitions. Some dentists have already turned in several, with 50 names each. Thirty seven thousand four hundred and forty one bona fide registered voters are necessary to place the repeal of the Act on the ballot in November. The local Association had a special meeting April fourth, and after considerable discussion (and gesticulation) it voted to sponsor repeal of the law, not as a political move, but as a measure inimical to the interests of public health. Petitions are being circulated by dentists, nurses, and patients. The pyrrhelic ratio, 4 out of 5, represents the percentage of those who sign it. Many do with violent emphasis! The next step is up to the dentists; will they take it?

Query: Who is the wooden head; saucy Charley McCarthy, tax eluder; the professional service man-collector; or the patient-voter who pays the troublesome tax?

2355 East Evans Avenue  
Denver, Colorado



**Fort Worth (Texas) Press:** Doctor R. H. W. Drechsel, Fort North National Building, has been elected mayor of this city, his first public office. He plans to continue his dental practice, take care of his patients as usual, and devote Wednesday afternoons to city business. Instead of having long Council meetings, he intends to cut them to two and one-half hours on Wednesday and devote the time saved to "open house" for the public.

**Toledo (Ohio) Blade:** With a strong right to the chin, Doctor Clifford A. Goode, 41, floored a would-be holdup man in his dental office at 808 Madison Avenue. The man, who complained of a toothache, was invited to seat himself in the dental chair, then turned suddenly, threatened Doctor Goode with a .45 caliber pistol,

and tied his hands behind him. Managing to free his hands, Doctor Goode, who was an officer in the Dental Corps during the World War, so terrified the robber with one staggering blow that he got up and fled from the office.

**Boston (Massachusetts) Evening Globe:** Using a \$3000 camera encased in a basket ball bladder and wearing a diving suit, Pedro del Valle, dentist of San Juan, Porto Rico, is able to make successful undersea photographs.

**Tullahoma (Tennessee) Guardian:** Oldest native citizen of Tullahoma, and oldest member of the Rotary Club, J. M. Graham, dentist, was elected president of the local Rotary Club at a recent meeting.

*San Antonio (Texas) News:* Out of Mike C. Wheat's store of experiences as a pioneer dentist since 1895 in the Panhandle country and in southern Texas, he has written a first novel about a young dentist who started out from San Antonio to make his fortune in northern Texas in the 1880's. Packed with anecdotes of Texas hills and prairies, **NUGGETS OF GOLD**, which came off the press in April, gives a colorful picture of early Texas history.

Doctor West, who has lived in San Antonio for thirty years, recalls vividly the days when he saw cowboys ride herd on a line of beef 40 miles long on a 3,000,000 acre ranch. He is now at work on a second novel, which will be a further fictionized record of his early experiences and impressions.

*Detroit (Michigan) Free Press:* An investigation is now underway to determine if gold restorations were stolen from the teeth of Michael Free, 63, a war veteran, who was taken to the county morgue following his death in a hotel room. Doctor Albert A. Hughes, coroner, requested the investigation after the matter had been called to his

attention by an undertaker who discovered that the dental restorations were missing and that fragments of their cement remained on the dead man's tongue.

*Wichita (Kansas) Eagle:* During extra-curricular activities of the Kansas State Dental Association Meeting in Wichita, J. B. Markham, D.D.S., of this city, carried off the golf honors with a score of 78 and is now rated the best golfing dentist in the state.

*Los Angeles (California) Times:* Hollywood dentists have much to say about whether the show will go on, either with a juvenile or an all star cast. They remember well the time when Shirley Temple lost her first tooth and the Twentieth Century-Fox lot was in a near panic until it was replaced. Freddie Bartholomew held up "David Copperfield" for two days while he had a new tooth made. June Lang's smile became a million-dollar affair only after a fortune had been spent on her teeth, and Bette Davis' first test brought the demand that she have her teeth straightened.

# Editorial Comment

---

GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO  
ARGUE FREELY ACCORDING TO MY CONSCIENCE  
ABOVE ALL LIBERTIES. *John Milton*

## THE MEDICAL LIBRARY OF THE NATION

WITHOUT HEADLINES or feverish debate the Congress in early June passed bills to provide for a new and adequate building for the Army Medical Library and Museum in Washington. The Army Medical Library was established in 1836.

As American history is measured 100 years is a long period of time bracketed between widely differing eras. In 1836 no dental college existed anywhere in the country. Andrew Jackson was President; the public debt was liquidated and a \$28,000,000 surplus was loaned to the states; Texas declared her independence from Mexico; Arkansas entered the Union as the twenty-fifth state; and the Seminole Indians were making the highways of the South unsafe for stagecoaches. Since those remote, shadowy events, the Army Medical Library has paralleled the growth of this country. Today it has become the largest medical library in the world. It is composed of 500,000 books on medical subjects; more than 5000 of which deal with dentistry.

During the 102 years that this Library has been in existence significant developments in medicine have occurred: the discovery of anesthesia, of aseptic surgery, of the causative rôle of bacteria in disease, of the concept of focal infection. In the files of the Library are author's copies that carry imprints of the great names of Lister, Pasteur, Ehrlich, and Koch. The Library is not an institution that belongs alone to the Medical Department of the United States Army. It is available to persons in all parts of the United States who have a professional interest in medical subjects. Through the inter-library loan system any reputable dentist can secure books from this institution through his local library. A dentist in an isolated community in the United States, for example, who does not have access to an adequate collection of medical books merely has to forward a request through his own public library to the Army Medical Library for any book he may wish to use. The material is loaned for two weeks with the privilege of extension upon request. Transportation charges are



borne by the borrower. This means that there is no district in the United States or its possessions so remote that a dentist or a physician cannot have the opportunity of securing authoritative and recent scientific textbooks. Last year there were 14,000 books made available for study, for research, and for education by this inter-library loan system.

In the bill to create the new building for the Army Medical Library there is a provision for space for the Army Medical Museum. This was established in 1863. In it at the present time seven registries for pathologic material are functioning. The registry of oral and dental pathology was established in 1933. There are now 586 cases of dental interest registered in the Museum. Under the same type of arrangement that exists in the book section, pathologic data in this Museum can be loaned to interested persons. By the first of October, there will be sixty sets of microscopic slides on dental and oral subjects available.

Every dentist in the United States is urged to submit to the curator of the Army Medical Museum reports of interesting cases that he may come across in his practice. It is not the purpose of the registry to compete with civilian pathologists in making diagnoses, but rather to act as a central clearing house for information that can be made available to any student or investigator for study.

The third feature of this magnificent undertaking of the Army Medical Corps is the Dental Museum which is the official depository for material of historic and scientific interest to dentists. In the new building ample accommodations will be provided for matter of this kind, and dentists are urged to submit to the Museum significant material they have for this collection.

The Congress of the United States and the President should receive the profound thanks of the members of the dental profession for their efforts to create the new Army Medical Library and Museum Building.

*Edward J. Ryan*

# DEAR ORAL HYGIENE:

"I do not agree with anything you say, but I will fight to the death for your right to say it."—VOLTAIRE

## Dental Data Requested

I WOULD GREATLY appreciate it if any reader interested in our dental background or dentistry's present status, in any part of the world, and particularly in isolated countries, communities in torrid or frigid climates, or islands, would answer a part or all of the following questions:

1. Concerning your earliest known people: Who were they? Where and when did they live? What did they look like: dark, light, tall, short, head shape, facial contour, profile, size, shape, and condition of teeth (evidence of attrition, caries, pyorrhea, abscesses, impactions, and so on)? If of an extinct race, fossil or skeletal remains, in graves, caves, or museums, may be studied. (Illustrative photographs will be appreciated).

2. Your early dentistry: How early was crude dentistry practiced in your community? Did it include: tooth staining, filing, filling, inlaying (with gold, jade, turquois, iron pyrites, and so on), polishing (with what), extracting (with what instruments), replacing of lost teeth, voodooism or magic? Explain in detail, giving place and approximate date. (Photographs, teeth, jaws, crude brushes, old instruments, and so on, will be appreciated).

3. When did your modern dentistry begin, who were its founders, when, where born, educated, degrees, if any, when died? What was their greatest work?

What are your requirements for

practice? Is there more than one classification of a practitioner? Degrees required or accepted? Are all specialties and modern methods in vogue?

Have you "sickness insurance" which includes some dental service? If so, how much? Are local dentists busy? Well paid?

What professional organizations have you? Are all dentists members?

Please send me *any* item of interest, of any age, civilization, or community. Diet in primitive and modern life, related to teeth, especially in isolated communities, is something the entire profession should know about. Have you something on that? If you quote others, please give your source of information.—KENT K. CROSS, D.D.S., M.A., 2355 East Evans Avenue, Denver, Colorado.

## A Correction

In the August, 1937, issue of ORAL HYGIENE you were kind enough to publish an article<sup>1</sup> by me entitled "Speaking of Clinics." In this article I made the following statements:

"Then the group behind the clinics, sensing they had lost their case, began to work in earnest. Five prominent dentists in the city, some of them connected directly with pay dental clinics—which connections meant material benefit—called on a Board official privately and tried to

<sup>1</sup>Peyser, Michael: Speaking of Clinics. ORAL HYGIENE 27:1062 (August) 1937.

persuade him to have the Board reject the Committee's proposals. They had the audacity to state, that they, because of their eminence, really represented the profession despite the Committee's official authority. In other words, they tried to impress the official with the fact that they, being the big shots, should be listened to, and not the persons on the Committee. They failed, because the official refused to recognize their claim of representing the profession. He refused to be influenced and, for the first time in a long period of years, these five did not have their own way. It may be interesting to record here that when the Committee's recommendations were up for approval in the three dental societies, not one of these five dentists got up to oppose the statements made, because they dared not do so in the open.

"The source of this information

and the identity of the five will remain confidential."

Certain statements had come to my ears which led me to believe that the conclusions as expressed in the foregoing quotation were correct. I have since learned that I was misinformed. The five men to whom I referred were not guilty of the acts mentioned, their conduct was not in any way antagonistic or prejudicial to the interests of the Coordinating Clinics Committee, nor was it of such a nature as to justify criticism or reproach.

May I suggest that you publish this letter in an early issue of ORAL HYGIENE, so that any unwarranted suspicion against prominent men in the profession may be effaced? I take this means of righting a wrong which I unwittingly committed.—MICHAEL PEYSER, D.D.S., 87-40 169th Street, Jamaica, New York.

### DENTAL MEETING DATES

The American Board of Orthodontia, regular meeting, July 8, Los Angeles, California.

American Association of Orthodontists, thirty-sixth annual meeting, Roosevelt Hotel, Los Angeles, July 11-14.

American Dental Society of Europe, Stockholm, Sweden, August 1-3.

Montreal Dental Club, fourteenth annual clinic, Mount Royal Hotel, Montreal, Canada, October 12-14.

American Dental Association, eightieth annual meeting, Saint Louis, October 24-28.

American Academy of Restorative Dentistry, St. Louis, Missouri, October 22-23.

American Society for the Promotion of Dentistry for Children, Jefferson Hotel, Saint Louis, October 24.

American Dental Assistants Association, fourteenth annual meeting, DeSoto Hotel, St. Louis, Missouri, October 24-28.

Greater New York Dental Meeting, fourteenth annual meeting, Hotel Pennsylvania, New York City, December 5-9.

# Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

## Erosion

**Q.**—I have a patient, a man, 35, who is developing a case of erosion on almost all of his teeth.

What can be done to check it?—P. E. Z., California.

**A.**—There have been many theories advanced as to the cause of erosion, but so far as I know there has been no theory advanced which has been generally accepted by the profession. It is probable that vigorous tooth brushing with certain dentifrices has some relation to erosion but we have cases of erosion in people who brush their teeth only vertically, so it isn't necessarily cross brushing as we used to believe. We plan to leave erosions alone until they become a menace to the health of the tooth, and then we make a regular restoration, using baked porcelain in the anterior part of the mouth where the appearance of gold would be objectionable and using gold in other places, and preferably gold foil.—V. C. SMEDLEY.

## Hypersensitivity

**Q.**—I would appreciate your advice on the following case:

I have been treating a man, 36, for the past year and a half for hypersensitivity of the cemento-enamel

junction, due to gingival recession, with Howe's ammoniacal silver nitrate.

At first this treatment gave relief for six months. Effects of subsequent treatments lasted for shorter periods, until now he gets very little relief at all. In fact, he is so uncomfortable that he is willing to seek relief by having the offending teeth extracted.

The teeth affected are the two upper lateral incisors, labial-mesial aspect, right upper cuspid, and the right upper second molar, mesial root. There are no class V cavities in these teeth. He is wearing a partial vulcanite supplying the two upper centrals, two upper right bicuspsids, and upper left and right first molars, with two gold wrought clasps, one on the right upper second molar and the other on the left upper second bicuspid. The clasp on the molar is so placed as not to interfere with the gingival of that tooth.

Could you suggest treatment other than the one I have been using? Your help will be greatly appreciated—R. M., Pennsylvania.

**A.**—Your treatment of the case described in your letter leaves little to be desired. The matter of traumatism should be investigated. It might be either occlusal or from the denture.

Then the matter of diet should be considered. I have had several cases in which an adequate, well balanced diet has reduced sensi-

tiveness of cervical areas to a marked degree.

Local treatment with formalin according to the Grossman<sup>1</sup> technique will conquer cases that nothing else seems to help.—  
GEORGE R. WARNER.

### Dermatitis

Q.—Two months ago I developed a dermatitis on my left index finger. There is constant dryness; the skin cracks and is easily irritated by water. I treated these cracks with a 10 per cent solution of silver nitrate and kept my fingers lubricated and in rubber stalls while working and packed them in lanolin or iodex at night. The first joint now has new skin and is improving, but I have the same condition now on the next finger and both have to be protected. I have used lanolin, iodex, olive oil, glycerin and camphor, and many other drugs, but most of them are too drying.

I usually use carpule anesthetic, but have used borocaine tablets. I use tincture of green soap in my office all the time.

Do you have many cases like this, and could you offer any suggestions for treating this condition? Local physicians do not seem able to help, and I am really getting worried about this condition.—L. P. D., Illinois.

A.—It would seem that you have a case of procaine dermatitis. We have known many of these cases, and the results of treatment have varied widely as well as the types of treatment used.

Procaine dermatitis is characterized by first an itching, and then a desquamation of the skin of the hands in some cases, particularly around the finger nails. The only sure cure is to give up the use of procaine. In certain

cases it will disappear if rubber gloves are worn or if butyn or apothecin is used for an anesthetic instead of procaine.

For treatment, the hands should be soaked a number of times a day in hot boric acid solution, one teaspoonful of borax to the pint of water. The hands should be wrapped in cloths soaked in this same solution at night and covered with rubber or oil cloth to protect the bed clothing. As a last resort, injections of procaine into the skin or just under the skin of the hands will sometimes effect a cure. This latter should be done by a dermatologist. Roentgen ray treatment is also used successfully.—GEORGE R. WARNER.

### Deep-seated Caries

Q.—I am taking advantage of your department to ask a few questions.

1. In treating deep-seated caries in posterior teeth, quite often I arrive at the "junction" and cannot make up my mind what is the right thing to do. By the junction I mean remaining dentine, which is fairly hard yet discolored and "seems" infected. I do not know whether it is best to precipitate ammoniacal silver nitrate with eugenol or to lay in some zinc oxide and eugenol, or to drill a little deeper still using the zinc oxide and running the risk of a sure exposure of the pulp.

I do root canal work, but it seems that as time goes on I am becoming more conservative in trying to save pulps. Then, too, I realize the danger (potential) of a vital infected pulp.

2. In deep-seated cavities do you consider the following too caustic? Precipitated silver nitrate (again) (sometimes causing acute pain); red copper cement; phenol desiccated with warm air; phenol followed by alcohol.

3. In deep-seated caries do you

<sup>1</sup>Grossman, L. I.: The Treatment of Hypersensitive Dentin, J. A. D. A., 21:2050 (November) 1934.

consider the use of zinc oxide-eugenol paste followed by a cement lining a waste of time? I was not taught this in dental school, yet I understand that before my time at school this procedure was advocated.

4. In fairly shallow cavities do you think that the application of phenol dessicated with warm air is enough protection against silicates. A demonstration salesman coming through claimed that his product was safe.

Quite often I use a thin mix of fast setting cement (temporary cement) allowing it to dry and then completing the cavity.—J. C. O'D., Michigan.

A.—The questions asked in your letter are most pertinent and should be in the mind of every dentist young and old. It is probably true that these questions cannot be answered definitely nor to the satisfaction of all good operators. I have discussed them from time to time with the best men I know and upon these discussions and upon the experience of my partners and myself I will base my answers.

1. In such a case Doctor Prime<sup>2</sup> and many other good operators precipitate ammoniacal silver nitrate with eugenol, fill the tooth temporarily and, if in a few days the tooth continued comfortable, would precipitate the silver nitrate again and then put in a cement base and place a restoration.

It has been our<sup>3</sup> plan to cut a little more deeply when doubtful about the healthfulness of the discolored dentine and then put a layer of sedative cement in the deeper portions of the cavity and over this a layer of oxyphosphate

of zinc cement. If there has been some evidence of hyperemia of the pulp we flood the cavity, after excavating thoroughly and perhaps even to seeing "pink," with the liquid of the sedative cement. Shortly we absorb the excess liquid with bibulous paper and cover the deep area with the sedative cement. We then fill the cavity with the cement mixed with a small amount of cotton. This temporary filling will remain in place for from two to six weeks.

If the tooth becomes comfortable or remains comfortable during this time we remove the cotton impregnated part of the filling and put oxyphosphate of zinc over the sedative base and proceed to fill. We have in the meantime checked for vitality and usually with a roentgenogram. We treat even an exposed pulp in this way if clinical and roentgenographic evidence justify, and we have teeth with exposed pulps so treated that are apparently normally vital and healthy after 25 years.

2. It seems to me your treatment of deep-seated cavities is rather too caustic.

3. My answer to question No. 1 would indicate that I do not consider the use of two cements in deep cavities a waste of time. Naturally anything that preserves a vital tooth in good health is not a waste of time.

4. To be quite safe one should always use a varnish under silicate cement. In cases of exceptionally deep cavities we use the sedative cement referred to as a base under silicate cement. We have had no trouble with discoloration.—GEORGE R. WARNER.

<sup>2</sup>Prime, J. M.: Controlling Dental Caries, J. A. D. A. (December) 1937.

<sup>3</sup>Warner, G. R.: Pulp Conservation, Dental Items of Interest, pages 319-329, 1927.



# The Nobility of Gold



Adds Distinction  
to  
Your Denture Service

And the Patrician of Casting Gold is

**JELENKO NO. 1**  
**CAST GOLD**

ADDITIONAL PATENT

**GOLD COLOR Per Dwt. \$1.95**

*"Nothing is too good for the human mouth"*

*Literature and Physical Properties Chart on Request*

## Jelenko Helpful Hint No. 16 SOLDERED JOINTS

When soldering, select solder with a melting point about 100° F. below the melting range of the metal to be soldered, and complete the soldering operation quickly. Both factors reduce danger of overheating which results in damaging grain growth.

For quick soldering use Jelenko "SLIM-STRIP" Gold Solder.

**J. F. JELENKO & CO., INC.**

*Manufacturers and Dealers of Dental Gold*

136 West 52nd Street • New York



"Just tell me, what would you do if you had quintuplets?"

"I'd get married."

A judge's little daughter, who had attended her father's court for the first time, was very much interested in the proceedings. After her return home she told her mother: "Daddy made a speech and several other men made speeches to twelve men and women who sat all together, and then these twelve people were put in a dark room to be developed."

Irate Baseball Player: "I wasn't out!"

Sarcastic Umpire: "Well, just have a look at the newspaper tomorrow."

Sam held her hand and she held hiz'n,  
And then they hugged and went to kiz'n.

They did not know her dad had riz'n,

Madder than hops and simply siz'n;

And really 'tiz'n right to liz'n,

But Sam got hiz'n and went out whiz'n.

There was once a lady named Eve,  
Who caused Father Adam to grieve,  
When he asked where she'd been,  
She replied with a grin:  
"I've been absent without any leave."

Fond Mother: "What did the editor say when you submitted your poem?"

Daughter: "He said he couldn't print it because he was all out of poetry type."

First Movie Actress: "Hear you are married again. Whom did you marry this time?"

Second Movie Actress: "Er—er—I believe I've got his card in my bag somewhere."

First Man: "My fiancée's lipstick seems to have a different taste from other women's."

Second Man (innocently): "Yes, sort of orange flavor, hasn't it?"

Blondine: "Did you go to the circus?"

Brunetta: "Yes, and I am certainly glad of it."

Blondine: "Why?"

Brunetta: "Because ever since I saw the hippopotamus I have been better satisfied with my own shape."

Prof: "Where is the capital of the United States?"

Student: "The capital?"

Prof: "You heard me."

Student: "Most of it is in Europe."